DEPARTMENT	OF HEALTH AND HUMAN SERVICES
HEALTHCARE	FINANCING ADMINISTRATION

FORM APPROVED OMB NO. 0938-0193

	1. TRANSMITTAL NUMBER: 2. STATE:			
TRANSMITTAL AND NOTICE OF APPROVAL O	DF 1 0 - 1 0 Michigan			
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL			
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)			
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE			
HEALTH FINANCING ADMINISTRATION	October 1, 2010			
DEPARTMENT OF HUMAN SERVICES	0000011, 110010			
5. TYPE OF PLAN MATERIAL (Check One):				
☐ NEW STATE PLAN ☐ AMENDMENT	TO BE CONSIDERED AS NEW PLAN AMENDMENT			
	AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	******		
Section 1902(a)(70) of the SSA	a. FFY 11\$ -0			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	b. FFY 12 \$ -0- 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION			
Attachment 3.1-A, pages 9 through 9c and Attachment 3.1-D	OR ATTACHMENT (If Applicable):			
pages 1 & 2	Attachment 3.1-A, page 9 and Attachment 3.1-D, pages 1 & 2			
	7, 0	, page o ana , ana ana an a		
10. SUBJECT OF AMENDMENT:				
Brokered transportation				
		_		
11. GOVERNOR'S REVIEW (Check One):				
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:			
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Stephen Fitton, Director Medical Services Administration			
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMIT	TAL iviedical Services Administration			
12. SIGNATUE OF STATE AGENCY OFFICIAL:	16. RETURN TO:			
Xtepken Filton				
13. TYPED NAME:	Medical Services Administration			
Stephen Fitton	Program/Eligibility Policy Division - Federal Liaison Unit Capitol Commons Center - 7 th Floor			
14. TITLE:	400 South Pine			
Director, Medical Services Administration	ansing, Michigan 48933			
15. DATE SUBMITTED:		,		
August 4, 2010	Attn: Nancy Bishop			
FOR REGIONAL	AL OFFICE USE ONLY			
17. DATE RECEIVED:	18 DATE APPROVED:			
PLAN APPROVED	ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:			
21. TYPE NAME:	22. TITLE			
23, REMARKS:		Ħ		

State of MICHIGAN

Amount, Duration and Scope of Medical and Remedial Care Services Provided to the Categorically and Medically Needy

24.	Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.				
	a.1. Transportation _ No limitations _ With limitations				
	a.2. Brokered Transportation X Provided under Section 1902(a)(7) of the Social Security Act				Social Security Act
	The State assures it has established a non-emergency medical transportation program in of to more cost-effectively provide transportation and can document, upon request from CM that the transportation broker was procured in compliance with the requirements of 45 CF 92.36(b)-(f).				
	1)			vill operate the broker program with of section 1902(a):	out the requirements of the following
		<u>X</u>	(1) (10)(B)	statewideness – the State will oper and Macomb Counties. comparability	ate the broker program in Wayne, Oakland
		X	(23)	freedom of choice for all population	on groups
	2)	Tra	ansporta	tion services provided will include:	
			 X taxi stretcher car X bus passes X tickets secured transportation 		
	3)		e State a oker who	_	vill be provided under a contract with a
TN	NO	.: <u>1</u>	<u>0-10</u>	Approval Date:	Effective Date: <u>10/01/2010</u>

Supersedes TN No.: 92-05

State of MICHIGAN

Amount, Duration and Scope of Medical and Remedial Care Services Provided to the Categorically and Medically Needy

- i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications and costs;
- ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transport personnel are licensed, qualified, competent and courteous:
- iii) is subject to regular auditing and oversight by the State in order to ensure the quality of the transportation services provided and the adequacy of beneficiary access to medical care and services; and,
- iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate.
- 4) The broker contract will provide transportation to the following mandatory categorically needy and medically needy populations:
 - X Low-income families with children (section 1931)
 - X Low-income pregnant women
 - X Low-income infants
 - Low-income children 6 19
 - Qualified pregnant women
 - Qualified children
 - IV-E Federal foster care and adoption assistance children
 - TMA recipients (due to employment)
 - X X X X X TMA recipients (due to child support)
 - SSI recipients
 - Under age 21, or under age 21, 19 or 18 as the State may choose
 - Relatives specified in section 406(b)(1) with whom a child is living if child is a dependent child under part A of title IV
 - Aged (65 tears if age or older)
 - Blind with respect to States eligible to participate under title XVI
 - X Permanently or totally disabled individuals 18 or older under title XVI
 - Persons essential to recipients under title I, X, XIV or XVI
 - Blind or disabled as defined in section 1614 with respect to States not eligible to participate in the State plan program under title XVI.
 - X Pregnant women
 - X Individuals provided extended benefits under section 1925
 - Individuals described in section 1902(u)(1)
 - Employed individuals with a medically improved disability (as defined in section V)
 - Individuals described in section 1902(aa)

TN NO.: <u>10-10</u>	Approval Date:	Effective Date: 10/01/2010

Supersedes

TN No.: N/A - new page

State of MICHIGAN

Amount, Duration and Scope of Medical and Remedial Care Services Provided to the Categorically and Medically Needy

	<u>X</u>	Individuals screened for breast or cervical cancer by CDC Individuals receiving COBRA continuation benefits	program			
5)		The broker contact will provide transportation to the following categorically needy optional populations:				
	X 	Optional low-income infants Optional targeted low-income children Individuals under 21 who are under State adoption assistation Individuals under age 21 who were in foster care on their Individuals who meet income and resource requirements of Individuals who would meet the income & resource requirements of Individuals who would be eligible for AFDC if the State and Individuals who would be eligible for AFDC if the State Individuals who would be eligible for AFDC or SSI if the institution. Individuals infected with TB Individuals screened for breast or cervical cancer by CDC Individuals receiving COBRA continuation benefits Individuals in special income level group, in a medical insconsecutive days, with gross income not exceeding 300% Individuals receiving home and community based waiver eligible under State plan if in a medical institution Individuals aged or disabled with income not above 100% Individuals receiving only an optional State supplement in Individuals working disabled who buy into Medicaid (BB Employed medically improved individuals who buy into Medicaid Improvement Group	of AFCD or SSI rements of AFDC if child agency Plan had been as broad as y were not in a medical program stitution for at least 30 of SSI income standard services who would only be no will receive hospice care of FPL n a 209(b) A working disabled group) Medicaid under TWWIIA			
6)	Th	The State will pay the contracted broker by the following met	hod:			
		i) risk capitation ii) non-risk capitation				
TN NC).: <u>1</u>	10-10 Approval Date: Eff	fective Date: <u>10/01/2010</u>			

Supersedes

TN No.: N/A - new page

State of MICHIGAN

Amount, Duration and Scope of Medical and Remedial Care Services Provided to the Categorically and Medically Needy

TN NO	.: <u>10-10</u> Approval Date:	Effective Date: <u>10/01/2010</u>
f.	Personal care services in a recipient's home, provided by a qualified person use. X Provided X with limitations Not provided	
e.	Emergency hospital services X Provided X with limitations Not provided	
d.	Nursing facility services for patients under 21 X Provided X with limitations Not provided	years of age.
c.	Care and services provided in a religious non-real Provided with limitations \underline{X} Not provided	nedical health care sanitoria
b.	Services of religious non-medical health care non-medi	urse
	\underline{X} iii) other (brokerage fee)	

Supersedes

TN No.: N/A - new page

State of MICHIGAN

Methods of Providing Transportation for the Categorically and Medically Needy

In addition to ambulance benefits covered under the Medical Assistance Program, provision is made for assuring other essential medical transportation to and from providers of service of recipients not receiving transportation under the brokerage pilot program, by the following methods:

- a. For all eligible beneficiaries, transportation expenses related to the beneficiary's use of medical services are paid if not otherwise available without cost to the client. Transportation costs for visits to a physician's office, pharmacy or to a clinic are allowable for this purpose. A medical transportation payment requires an initial verification of need for the trip by the beneficiary's treating physician.
- b. For applicants or beneficiaries requiring medical examinations to determine factors of eligibility, i.e., employability, incapacity or disability, transportation related to receiving the medical examination is paid as a part of the administrative cost of the program.
- c) For applicants or beneficiaries of Department services who require a medical examination to meet the particular needs of children for protective services, child care services or foster care services, transportation related to receiving the necessary medical examination is paid as an administrative cost.
- d) The Department arranges for transportation for beneficiaries released from mental institutions through relatives and friends, if feasible, or arranges and pays for conveyors, when necessary, as a part of administrative costs.
- e) Volunteers are used, as a part of the Department's volunteer services program to provide transportation for many beneficiaries in need of such service.
- f) For all eligible beneficiaries, the Department's program of social services requires the worker, when appropriate, to enlist the aid of relatives and friends for the purpose of helping the beneficiary obtain needed care, including meeting the beneficiary's needs for transportation initially and on an ongoing basis. Workers are also permitted, if necessary and practical, to transport clients.
- g) For all medically needy eligible beneficiaries, the application of available income provides for income in excess of that needed for maintenance, be applied to the costs of necessary medical transportation as well as other necessary medical or remedial care.
- h) An eligible beneficiary's transportation expenses to and from EPSDT screening sites, and to and from initial referrals made by the screening sites for diagnosis and treatment, are included as administrative costs of the Title XIX Program.
- Transportation expenses to and from medical providers for ongoing medically necessary treatment are included as administrative costs of the Title XIX.

TN NO.: <u>10-10</u>	Approval Date:	Effective Date: <u>10/01/2010</u>

Supersedes TN No.: 92-07